

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000204

Entity Name: THE ARCHDIOCESE OF SAINT CHAD, INC

Current Principal Place of Business:

P.O, BOX 351087
JACKSONVILLE, FL 32235

Current Mailing Address:

P.O. BOX 351087
JACKSONVILLE, FL 32235

FEI Number: 20-8194672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRAVIS, CHARLES TDR.
11152 OAKRIDGE DR. SO.
JACKSONVILLE, FL 32225 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TRAVIS, CHARLES TDR.
Address 11152 OAK RIDGE DR. SO.
City-State-Zip: JACKSONVILLE FL 32225

Title VP
Name THOMSON, ROBERT DR.
Address 4106 ROGERO RD
City-State-Zip: JACKSONVILLE FL 32277

Title SECRETARY
Name TRAVIS, DEBORAH
Address 11152 OAK RIDGE DR. SO.
City-State-Zip: JACKSONVILLE FL 32225

Title TREASURER
Name WOOD, SHIRLEY
Address 2130 LISCARD RD W
City-State-Zip: JACKSONVILLE FL 32246

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHIRLEY WOOD

TREASURER

01/17/2018

Electronic Signature of Signing Officer/Director Detail

Date